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Bib Data Sheet

CONFIRMATION NO. 4706

SERIAL NUMBER 10/823,774	FILING DATE 04/14/2004  RULE	CLASS 607	GROUP ART UNIT 3766	ATTORNEY DOCKET NO. 05610.0002.NPUS00
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

None DM

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

None DM

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 06/22/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY WV	SHEETS DRAWING 7	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 3
Verified and Acknowledged	Examiner's Signature: <i>D. Malamud</i> Initials:				

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## TITLE

Electric stimulation for treating neuropathy using asymmetric biphasic signals

FILING FEE  RECEIVED 468	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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